

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055272

1. Corporation Name

INTELLIQUEST MEDIA, INC.

Principal Place of Business

Mailing Address

3429 EASTMONTE DRIVE
VALRICO FL 33594

3429 EASTMONTE DRIVE
VALRICO FL 33594

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

374 E. BLOOMINGDALE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRANDON, FLORIDA

City & State

Zip
33511

Country
USA

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2002

5. FEI Number

04-3042661

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CLOUGH, NEIL T	3429 EASTMONTE DRIVE	VALRICO FL 33594
ST	CLOUGH, JOYCE L	3429 EASTMONTE DRIVE	VALRICO FL 33594

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLOUGH, NEIL T
3429 EASTMONTE DRIVE 374 E. BLOOMINGDALE AVE
VALRICO FL 33594-33511
BRANDON

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Neil Clough
REGISTERED AGENT MUST SIGN

Date 10/13/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joyce L. Clough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

813-651-2585
Daytime Phone #

CR2E040 (7/03)